

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	23	67341	7/5
O.I.P.E. CLASSIFIER	20	06959	P-8-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	1/1/01
1	✓ ✓
2	✓ 0
3	
4	✓ ✓
5	✓ 0
6	
7	✓ ✓
8	✓ 0
9	✓ 0
10	✓ ✓
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12	✓ ✓
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14	✓
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Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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